

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing, below.**

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
FISH & NEAVE 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020-1104		INVENTOR(S) NAME Street Address City, State and ZIP Code CO-INVENTOR(S) NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are enclosed	
18MI/1029		RECEIVED FEB 05 1997	
APPLICATION NO.		FILING DATE	
08/338,282		11/14/94	
TOTAL CLAIMS		EXAMINER AND GROUP ART UNIT	
009		GAMBEL, P	
DATE MAILED		1806 10/29/96	
First Named Applicant		WAYNER, ELIZABETH A.	

TITLE OF INVENTION INHIBITION OF LYMPHOCYTE ADHERENCE WITH A4B1-SPECIFIC ANTIBODIES (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 HUTCHINSONVL	424-144.100	F93	UTILITY	YES	\$645.00	01/29/97

3. Correspondence address change (Complete only if there is a change)

Steven W. Parmelee
TOWNSEND AND TOWNSEND AND CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, California 94111

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 TOWNSEND AND TOWNSEND
AND CREW LLP

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:
Fred Hutchinson Cancer Research Center
(2) ADDRESS: (CITY & STATE OR COUNTRY)
Seattle, Washington

6a. The following fees are enclosed:

☐ Issue Fee ☐ Advance Order - # of Copies

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 20-1430

(ENCLOSE A COPY OF THIS FORM)

☒ Issue Fee ☒ Advance Order - # of Copies 10

☒ Any Delinquencies in Enclosed Fees

THE COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of Assignee)
Steven W. Parmelee, #31,990

(Date)

1-29-97

A. ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee date will appear on the patent. Inclusion of assignee date is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

Certificate of Mailing

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
Assistant Commissioner for Patents
Washington, D.C. 20231

820 TL 20-1430 02/14/97 08338282
00415 242 645.00CH
00416 561 30.00CH

on: 1/29/97 (Date)

ARLENE C. GRANLUND (Name of person making deposit)

(Signature)

1/29/97 (Date)

1. TRANSMIT THIS FORM WITH FEE